

SENT VIA EMAIL OR FAX ON
Apr/03/2009

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 20

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 1/9/09 and 1/19/09

Records from Pain & Recovery 1/5/09 thru 3/19/09

Mental Health Eval 12/18/08

MRI's 3/21/08 and 6/20/08

Pain Management Eval 3/25/08

Ortho 4/17/08 thru 2/27/09

Diagnostic 4/17/08 and 2/27/09

5/28/08

Spine & Rehab 7/1/08 thru 1/20/09

Diagnostic 7/2/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly injured on xx/xx/xx. The records describe a rack of plastic hitting her left shoulder and neck, and there are other descriptions of her reaching to catch and deflect it and another that this occurred protecting a child. She had severe and intractable pain in the neck and shoulder and into both upper extremities. An MRI of the shoulder done on 3/21/08 showed rotator tendinosis, humeral cyst formation and acromioclavicular arthropathy. The cervical MRI was done on 6/2/08. This showed disc herniations at C4/5 and C5/6 with mild spondylosis and anterior osteophytes at the C4/5 and C5/6 levels. EMG showed abnormal muscular activity in the C5 innervated muscles of the left deltoid, supraspinatus and rhomboid with involvement of the left paraspinal muscles. Bilateral carpal tunnel syndrome was also seen. She failed to improve with shoulder injections for the tendinosis. She reportedly had physical therapy. She had not had any cervical injections. Her FCE demonstrated her activity to be limited to sedentary and her work need was medium to heavy. She is on Ultram, a nonnarcotic mu receptor analgesic. Psychometric tests described showed a fair amount of anxiety, depression and perceived disability. She was in constant pain. A request for 20 sessions for pain management was requested and then appealed by Dr.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The humeral cyst and ac arthropathy changes take time to develop. The presence of the osteophytes in the cervical spine at the same level of the disc herniations suggests that the findings are chronic and these radiological findings predated the injury. The findings of carpal tunnel syndrome may explain some of the hand tingling. The Reviewer could not determine from the record if this was from the injury or from a chronic situation. The Reviewer presume the CTS would be unrelated to the injury as there was no description of hyperflexion or hyperextension of the wrists or wrist and finger pain initially. The Reviewer has not been asked to comment upon these 3 conditions, but rather the need for pain programs.

The ODG has recognizes the role of pain programs. (The emphasis that follows is generally mine.) It also has concerns over the use of these programs for shoulder and neck pain. "There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes." The Reviewer could not determine from the report if any further treatment, such as cervical epidural injections for the radiculopathy were performed or contemplated. If such injections are considered, she is not at the end of the treatment options. The ODG specifically questions the value in the treatment of neck and shoulder problems, what this lady specifically has. Further, the ODG does not approve treatment beyond 10 sessions without objective evidence of benefit. Then the extension for a total of 20 sessions is possible. A request for 20 sessions was made.

There is no validation of effectiveness for neck and shoulder problems and the request is for 20 sessions rather than the 10 initial sessions is not justified by the ODG, Dr. failed to explain a reason for a variance from the ODG criteria. Therefore, the Reviewer cannot approve the request as written.

Chronic pain programs (functional restoration programs)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)